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ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-9952 or by e-mail at Cobia@mail.co.leon.fl.we Applications will be discarded if no appointment is made after two years. Detc4/22/2005 Name: J. David Sellars Home Phone: 850-893-0021Work Phone: 850-878-1151 Email: daves@tallymove.com Occupation Retired + Sm Business Unitary: Please check box for preferred mailing address. ☐ Work Address: City/State/7/in: 2580 Royal Oaks Drive # Home ∧ddress City/State/Zip: . Tallahassee, FL 32309 Do you live in Leon County? - You - No If yes, do you live within the City firmits? - You - No Do you own property in Leon County? Tayon D No. If yea, is it located within the City limits? Tayon D No. For how many years have you lived and/or owned property in Leon County? 25 years Are you interested in serving on any specific Committee(s)? If yes, please Indicate your preference Apalachee Regional Park Planning Committee If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed: Human Services __ Housing _ Houlth Care __ Science __ Library Services __ Growth Management _ Tourist Development __ Transportation __ Bicycle/Pedostrian _ Metropolitan Planning Organization & No Have you served on any previous Leon County committees? □Ycs If Yes, on what Committee(s) have you served? How many days per month would you be willing to commit for Committee work? 🖸 1 🛍 2 to 3 🖽 4 or more And for how many months would you be willing to commit that amount of time?

2 2 3 w 5 0 6 or more What time of day would be best for you to attend Committee meetings? XI Day W Night Prefer Days (OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state lews, d maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. Caucasian ☐ African American Racc: ☐ Hispanic ☐ Asian C Other Age: 61 Male Female Sex: Disabled? O Yes & No. Persons needing a special accommodation to participate in an Advisory Committee should contact

Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fi.us

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licenses and/or designations and indicate how long you any charitable or community activities in which you part on this Application. Please attach your resume, if one is Retired from Fit* state gov't after Mgt. Extensive experience with fed Administrative Procedures Act, etc groups. Hold a Masters Degree from at John F. Kennedy School of Gov't seeing that the closed landfill is	32 yrs of which 22 yrs was in Senior eral'& state laws, regulations, rules, . Worked with many committees and citizen FSU. Attended State & Local Gov't Training at Harvard Universaty. I'm interested in used to serve multiple groups and needs to serve multiple groups and needs to serve and adult? I have a special interest in
	Telephone: 850-576-9800
Address: 7535 W. Tennessee Street	Tallahassee, FL 32304
Name: Ma Barbara Butz Address: 4220 Natural Bridge Road	Telephone: <u>850-421-66</u> 05 Tallahassee, FL 32311

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

	\bullet
Have you completed the C	
Are you willing to complet	e a financial disclosure form, if applicable? III You III No
on a Committee? P Yes.	compensation that is expected to influence your vote, action, or participation
Do you anticipate that you Do you know of any circuiconflicts? D You KN	would be a stakeholder with regard to your participation on a Committee? A Vitaric Umeso natances that would result in you having to abstain from voting on a Committee due to voting o If yes, please explain
Do you or your employer,	or your wife or child or their employers, do business with Leon County? 28 = 1515 No
If yes, please explain 144.	For owns Tallahassee. Moving & Storage - Could recaive bid sward for ent or contractual relationship with Leon County that would create a continuing or frequently moving serviced to your participation on a Committee? Yes KNo
All statements and inform	ation provided in this application are true to the best of my knowledge.
Signature;	Ç.
-	······································

Please return Application to

Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301